MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03013

: 3029 **CERTIFICATE OF DEATH** Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hollywood X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Franklin (Last) Adams

4. DATE OF DEATH: (Month) 3/ (Day) 15/ (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Jan. 31, 1873 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR Months 1 Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10B. KIND OF BUSINESS OR INDUSTRY: Self | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Franklin Adams | 14. MOTHER'S MAIDEN NAME: Ataway Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) --- | 16. SOCIAL SECURITY NO. --------- | 17. INFORMANT & ADDRESS: Earl Adams Hollywood, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260K (IMMEDIATE CAUSE) (A) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO Diabetes Mel. — over 10 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Gen Arteriosclerosis; Decubitus — Several years 3 months.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1951, to March 15, 1955, that I last saw the deceased alive on March 15, 1955, and that death occurred at 10:20 PM from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs. M. D. ADDRESS Leonardtown, Md. DATE SIGNED 3/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/18/55 | NAME OF CEMETERY OR CREMATORY St. Francis Xavier | LOCATION (City, town, or county) (State) Compton, Md.

DATE REC'D BY LOCAL REGISTRAR 3/17/55 | REGISTRAR'S SIGNATURE Robt. D. Locke | 24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03014

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3030

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bridge Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) L. (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6-6-1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr Alex Brown Ridge, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X
IMMEDIATE CAUSE (A) Cerebral Vascular Accident

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Encephalopathy
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-, 19--, to 3-26-, 19--, that I last saw the deceased alive on 3-25-, 19--, and that death occurred at 6:A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS [illegible] DATE SIGNED 3-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/29/55 NAME OF CEMETERY OR CREMATORY St Peter Claver's LOCATION (City, town, or county) Ridge (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-28-55 REGISTRAR'S SIGNATURE [signature] Local Registrar

24. FUNERAL DIRECTOR ADDRESS Jos. C. Mattingly Leonardtown, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03015

CERTIFICATE OF DEATH

3931

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Ophelia (Last) Carter

4. DATE OF DEATH: (Month) Mch (Day) 27 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: April 26-1889 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months 10 Days 30 | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Columbus Young. | 14. MOTHER'S MAIDEN NAME: Annie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Kelly Carter Clements Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic C.V. disease — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO with Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pyrotoxicosis - treated

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1955 to Mch 27, 1955, that I last saw the deceased alive on Mch 25, 1955 and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE Roy Smythe M. D. ADDRESS Clements Md DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mch 30-55 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-28-55 | REGISTRAR'S SIGNATURE O. J. Bean, M.D. Local Registrar | 24. FUNERAL DIRECTOR Joe C. Mattingley | ADDRESS Leonardtown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03016

3932

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural St Inigoes
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural St Inigoes X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Chisley

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 14, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 5 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Richard Chisley

14. MOTHER'S MAIDEN NAME: Martha Chisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Edward Chisley ST.Inigoes, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443 X IMMEDIATE CAUSE	(A) Heart failure	1 Year
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertension	10 Years
	DUE TO (C) Generalized Arteriosclerosis	10 Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954 to Mch 7, 1955 that I last saw the deceased alive on Mch 4, 1955 and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE M. D. Wm H. Patrick ADDRESS Lexington Park Md. DATE SIGNED 3-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/9/55

NAME OF CEMETERY OR CREMATORY St Peters

LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/8/55

REGISTRAR'S SIGNATURE Robt. J. Lackey

24. FUNERAL DIRECTOR ADDRESS Jos. C. Mattingley Leonardtown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03017

3733

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST.MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST.MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL MADDOX
STREET ADDRESS (If rural give location) X/

3. NAME OF DECEASED: (First) WILLIAM (Middle) E. (Last) GLADSTONE

4. DATE OF DEATH (Month) MARCH (Day) 23, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (NEVER MARRIED): MARRIED

8. DATE OF BIRTH: APRIL 7, 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: NAVY YARD

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN EDWARD GLADSTONE

14. MOTHER'S MAIDEN NAME: ASBERINA MAE PUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS. MRS WILLIAM HAYDEN CHAPTICO, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 Hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Arteriosclerotic cardiovascular disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1953, to Mar 23 1955, that I last saw the deceased alive on Mar 23 1955, and that death occurred at 11:30 PM from the causes and on the date stated above.

SIGNATURE Ray Guyther M. D. ADDRESS Mechanicsville DATE SIGNED Md. 3/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/25/55

NAME OF CEMETERY OR CREMATORY Christ Church

LOCATION (City, town, or county) Chaptico, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 3/28/55

REGISTRAR'S SIGNATURE Robt. L. Sadler

24. FUNERAL DIRECTOR Jos.C.Mattingley ADDRESS Leonardtown,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03018

3034

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
MARYLAND — LENGTH OF STAY (in this place): --
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Piney Point
STREET ADDRESS (If rural give location): USCG Light Station

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Marion (Last) GOESHY

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 22 April 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): USCG

10B. KIND OF BUSINESS OR INDUSTRY: USCG

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
If Yes, give war or dates of service: 1918-1955

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Coast Guard Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
410.1 IMMEDIATE CAUSE	(A) Infarction of myocardium due to coronary	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Thrombosis, coronary artery	20 min.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 31 March, 19 55, and that death occurred at 0120A M. from the causes and on the date stated above.
deceased expired upon arrival

SIGNATURE: W. D. EDGERTON, LT MC USN M. D.
ADDRESS: INF NAS PAX RIV MD.
DATE SIGNED: 1 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/4/55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: April 3, 1955
REGISTRAR'S SIGNATURE: [signature] Registrar

24. FUNERAL DIRECTOR: P. B. ROBINSON ::: LEONARDTOWN, MD.
ADDRESS

3935

MARYLAND STATE DEPARTMENT OF HEALTH

03019

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Hollywood; MARYLAND LENGTH OF STAY (in this place): life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood X; STREET ADDRESS (If rural, give location): / Rural

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Chester (Last) Greenwell

4. DATE OF DEATH: (Month) 3 - (Day) 19 - (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7/10/1921

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm labor

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Valley I. Greenwell

14. MOTHER'S MAIDEN NAME: Blanche E. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-14-3210

17. INFORMANT AND ADDRESS: Valley I. Greenwell - Hollywood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9764 Immediate cause (a) Penetrating shotgun wound of head — INTERVAL BETWEEN ONSET AND DEATH: instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.): [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 19 (Year) 55 (Hour) 7:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? self inflicted.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3/22/55; NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery; LOCATION (City, town, or county) (State): Hollywood, Maryland

DATE REC'D BY LOCAL REG. 3/20/1955; REGISTRAR'S SIGNATURE: Robt. L. Dorsey

24. FUNERAL DIRECTOR: P.B. Robinson; ADDRESS: Leonardtown, Maryland

3936

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03021

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Webster (Last) Harper

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Nov 29-1905 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months 3 Days 10 | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Owner | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Harper | 14. MOTHER'S MAIDEN NAME: Lucretia Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs Mary Grace Harper Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia Shotgun wound of Thoral — Unk

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDING OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY — | 21c. (City or town) Mechanicsville (County) St. Mary's (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 13 55 12 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? self inflicted wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mch 16 55 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 3/15/55 | REGISTRAR'S SIGNATURE Robt. J. Locke | 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13021

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St Marys — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X (Rural)
STREET ADDRESS (If rural give location) R F D # 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Cora (Last) Heard

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Aug 8 1871
9. AGE last birthday IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days X Hours Min. 83 yrs

10A. OCCUPATION (Give kind of work done during most of working life even if retired) House wife
10B. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. John T. Gates
14. MOTHER'S MAIDEN NAME Lucy M Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
If Yes, give war or dates of service —
16. SOCIAL SECURITY NO —
17. INFORMANT & ADDRESS. Mrs Randolph Brewer 1726-14th St N.W. Wash DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) [illegible]	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) [illegible]	5 years
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to 3-16, 1955, that I last saw the deceased alive on 3-15-, 1955, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE P F Beane M.D. ADDRESS Great Mills, Md. DATE SIGNED 3-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/55	Ours Lady's Chapel	Medley's Neck Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-55	P F Beane M.D. Local Registrar	Jas C. Mattingly	Leonardtown

03022

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3038 **CERTIFICATE OF DEATH** Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oaksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville P. O. X
STREET ADDRESS (If rural give location) Oaksville

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Slyvester (Last) Hebb

4. DATE OF DEATH: (Month) March (Day) 8, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: January 15, 1955

9. AGE last birthday: 7 weeks. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: **********

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles I. Hebb

14. MOTHER'S MAIDEN NAME: Florence L. Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ********

16. SOCIAL SECURITY NO. *********

17. INFORMANT & ADDRESS: Charles Hebb :: Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X
IMMEDIATE CAUSE (A) Fulminating Bronchial pneumonia 12 hr
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955, to Mar 8, 1955, that I last saw the deceased alive on Mar 1955 and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE J. Roy Smythers M. D. ADDRESS Mechanicsville, Md DATE SIGNED 3/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/8/55

NAME OF CEMETERY OR CREMATORY: St. Josephs Cemetery

LOCATION (City, town, or county) (State): Morganza, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 3/8/55

REGISTRAR'S SIGNATURE: Robt. J. Lackey

24. FUNERAL DIRECTOR: P. B. Robinson :: ADDRESS: Leonardtown, Md.

401538704

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03023

3939

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH.
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Clements
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Donelan (Last) Hurry

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2 Feb. 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hurry

14. MOTHER'S MAIDEN NAME: Lucy Love

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: John W. Hurry - Clements, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
177X IMMEDIATE CAUSE	(A) DUE TO	Cerebral Hemorrhage	15 min
ANTECEDENT CAUSE (S)	(B) DUE TO	Metastatic Neoplasm	1 month
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(C)	Ca of Prostate	7 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to March 25 1955, that I last saw the deceased alive on March 25, 1955 and that death occurred at 5.30 P M, from the causes and on the date stated above.

SIGNATURE Mark Boyd M. D. ADDRESS Leonardtown DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-28-55 | NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery | LOCATION (City, town, or county) Morganza, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 3/28/55 | REGISTRAR'S SIGNATURE Robt. D. Lackey

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS -Leonardtown, Maryland.

VS. A11—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3040 03024

Item 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: ST MARY'S — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: ST. MARY'S

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: LEONARDTOWN

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) HAROLD (Middle) I (Last) JOY

4. DATE OF DEATH (Month) MARCH (Day) 30 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 8, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 6 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. JOY

14. MOTHER'S MAIDEN NAME: KATHERINE O. JOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: ETHEL JOY LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8

Immediate cause (a) [illegible] Asphyxia due to Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY:

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) 3 (Day) 30 (Year) 55 (Hour) 4 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell from wharf Boat.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 4/1/55

NAME OF CEMETERY OR CREMATORY: ST. ALOYIOUS

LOCATION (City, town, or county) (State): LEONARDTOWN, MD.

DATE REC'D BY LOCAL REG. 3/31/55

REGISTRAR'S SIGNATURE Robt. L. Lucky

24. FUNERAL DIRECTOR ADDRESS: JOS. C. MATTINGLEY LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03025

3'41 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) LL DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOLLYWOOD (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BLANCH (Last) McKAY

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: JAN. 11, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 1 Days 6 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN L. CLEMENTS

14. MOTHER'S MAIDEN NAME: MARY ALICE BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: JAMES M. McKAY HOLLYWOOD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1955, to 3-17, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Great Mills, Md. DATE SIGNED 3-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 3/19/55

NAME OF CEMETERY OR CREMATORY ST. JOHN'S

LOCATION (City, town, or county) (State) HOLLYWOOD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 3-19-55

REGISTRAR'S SIGNATURE Local Registrar

24. FUNERAL DIRECTOR ADDRESS JOS. C. MATTINGLEY LEONARDTOWN, MD.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03026

3942

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt Wolfgoes — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St Mary's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt Wolfgoes — STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) — (Last) Millard

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Aug 12 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 7 Days 18 IF UNDER 24 HRS Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): St Mary's Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Bennett

14. MOTHER'S MAIDEN NAME: Mamie Millard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO: 579-07-4012

17. INFORMANT & ADDRESS: Mary L. Brown Mt. Wolfgoes Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Carcinosis Peritonei

(C) DUE TO Ascites

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Feb 22, 55

19B. MAJOR FINDINGS OF OPERATION: unoperable carcinoma stomach

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.17, 1955 to 3.25., 1955, that I last saw the deceased alive on 3.25., 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Leonard Armstrong — ADDRESS Leonardtown, Md. — DATE SIGNED 3.31.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF April 2 1955 — NAME OF CEMETERY OR CREMATORY St Ignatius — LOCATION (City, town, or county) Mt Wolfgoes — (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/1/55 — REGISTRAR'S SIGNATURE Robt. O Locke

24. FUNERAL DIRECTOR Jos. L. Mattingly — ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03027

3043

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
MARYLAND
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holly Wood
STREET ADDRESS (If rural give location) R F D 1

3. NAME OF DECEASED: (Type or Print) (First) BARTON (Middle) H. (Last) NOLAND
4. DATE OF DEATH: (Month) Mch (Day) 3 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Oct 8 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 4 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middle Burg Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jowell C. Noland
14. MOTHER'S MAIDEN NAME: Rosalie Hackshaw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 062-09-10
17. INFORMANT & ADDRESS: Miss Charlotte Noland Middleburg, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 10 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1955, to Mar 3, 1955, that I last saw the deceased alive on Mar 3 1955 and that death occurred at 10 55 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Roy Smyther, MA ADDRESS Mechanicsville Md DATE SIGNED 3/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/6/55
NAME OF CEMETERY OR CREMATORY Sharon
LOCATION (City, town, or county) Middleburg (State) Va
DATE RECD BY LOCAL REGISTRAR 3/4/55
REGISTRAR'S SIGNATURE Robt. L. Lackey Jr
24. FUNERAL DIRECTOR C. Hatton Gladden
ADDRESS Leonardtown Md

VS. A15

03028

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3?44 **CERTIFICATE OF DEATH** Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (In this place) night
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holly Wood X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Reeder

4. DATE OF DEATH: (Month) March 11 (Day) (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: June 21 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 8 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: Charles Somerville
14. MOTHER'S MAIDEN NAME: Alice Mc Clain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs John Shelton Leonardtown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

023X IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Cardio Vascular Lues — 20 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to March 11 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Wm T Boyd M. D. ADDRESS Leonardtown DATE SIGNED Mar

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: March 14. 55
NAME OF CEMETERY OR CREMATORY: St Johns
LOCATION (City, town, or county) (State): Holly Wood Md

DATE REC'D BY LOCAL REGISTRAR 3/14/55
REGISTRAR'S SIGNATURE Robt L. Locke
24. FUNERAL DIRECTOR: Jos C. Mattingly ADDRESS: Leonardtown

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

! 3045 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Infant Girl (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3/21/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elwood H. Taylor

14. MOTHER'S MAIDEN NAME: Thelma L. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) - ---

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Elwood H. Taylor - Ridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.5 IMMEDIATE CAUSE (A) Premature labor, Rh factor - neg

ANTECEDENT CAUSE (S

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.21 , 19 55 to 3.22 , 19 55 that I last saw the deceased alive on 3/30 A M , 19 55 and that death occurred at 7:15 A.M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 3/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/23/55

NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery

LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/23/55

REGISTRAR'S SIGNATURE [illegible] Local Registrar

24. FUNERAL DIRECTOR: P.B. Robinson

ADDRESS: Leonardtown, Maryland.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

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